

**EDITORIAL NOTE:** The **reference date** is the date of diagnosis with acute lymphoblastic leukemia (ALL), for a case; for the individually matched control, it is the reference date of the associated case. The **reference date age** is the age of the case or matched control on his or her reference date.

## EMF AND RADON STUDY

### SECTION E: OTHER ACTIVITIES

I now need some information on hobbies or other activities that were done in or around your home during the reference year, from (\_\_\_\_/\_\_\_\_) to (\_\_\_\_/\_\_\_\_).

MO   YR                      MO   YR

<b>E1.</b> During the reference year (from ____/____ MO YR to ____/____ MO YR), did anyone residing in your home do (ACTIVITY)?	<b>E2.</b> At that time, who participated in this activity? Was it... (CIRCLE ALL THAT APPLY)	<b>E3.</b> How many times per week, month or year did anyone residing in the home do (ACTIVITY)?	<b>E4.</b> During this time period, on each occasion about how many minutes or hours [(did (SUBJECT) spend doing (ACTIVITY)/(or) was (SUBJECT) in the area when (ACTIVITY) was being done)]?
<b>a. Furniture stripping</b>  YES.....1 NO.....2 (E1b)	a. You? ..... 1 b. (SUBJECT'S) father?. 2 c. (SUBJECT)? ..... 3 d. Someone else? ..... 4	_____ PER WEEK .. 1 # TIMES                      MONTH 2 YEAR .... 3	_____ # MINUTES ..... 1 HOURS..... 2
<b>b. Model building</b>  YES.....1 NO.....2 (E1c)	a. You? ..... 1 b. (SUBJECT'S) father?. 2 c. (SUBJECT)? ..... 3 d. Someone else? ..... 4	_____ PER WEEK .. 1 # TIMES                      MONTH 2 YEAR .... 3	_____ # MINUTES ..... 1 HOURS..... 2
<b>c. Oil painting, silkscreening or artwork that required the use of solvents such as turpentine or paint thinner?</b>  YES.....1 NO.....2 (E1d)	a. You? ..... 1 b. (SUBJECT'S) father?. 2 c. (SUBJECT)? ..... 3 d. Someone else? ..... 4	_____ PER WEEK .. 1 # TIMES                      MONTH 2 YEAR .... 3	_____ # MINUTES ..... 1 HOURS..... 2
<b>d. TV/radio/stereo or other electronic repair?</b>  YES.....1 NO.....2 (E1e)	a. You? ..... 1 b. (SUBJECT'S) father?. 2 c. (SUBJECT)? ..... 3 d. Someone else? ..... 4	_____ PER WEEK .. 1 # TIMES                      MONTH 2 YEAR .... 3	_____ # MINUTES ..... 1 HOURS..... 2

e. Automobile or truck maintenance or repair?  YES.....1 NO.....2 (E5)	a. You? ..... 1 b. (SUBJECT'S) father?.. 2 c. (SUBJECT)? ..... 3 d. Someone else? ..... 4	_____ PER WEEK..1 # TIMES MONTH 2 YEAR .... 3	_____ # MINUTES ..... 1 HOURS.....2
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E5. Was painting done inside your home during your pregnancy with (SUBJECT) or in the 3 months just prior to when you became pregnant?

YES .....1  
NO.....2 (E10)

E6. During which 3 months of this 12 month period was the painting done? Was it...? (READ CATEGORIES)

	YES	NO
a. During the 3 months prior to getting pregnant?.....	1	2
b. During the first semester or your pregnancy? .....	1	2
c. During the second semester or your pregnancy? ....	1	2
d. During the third semester or your pregnancy? .....	1	2

E7. Which rooms in the house were painted during this time period? (READ LIST)

	YES	NO	ROOM NOT IN HOUSE
a. Your bedroom?.....	1	2	6
b. Other bedrooms? .....	1	2	6
c. Living room?.....	1	2	6
d. Kitchen? .....	1	2	6
e. Dining room? .....	1	2	6
f. Family room or recreation room? .....	1	2	6
g. Bathroom? .....	1	2	6
h. Finished basement? .....	1	2	6
i. Any other room? (SPECIFY)_____	1	2	6

E8. Did you, personally, do the painting yourself?

YES .....1 (E10)  
NO.....2

E9. During this time period, while the painting was being done, did you spend the night at home or did you stay somewhere overnight?

HOME .....1  
ELSEWHERE .....2

E10. Was painting done inside your home from (SUBJECT'S) birth until the reference date?

YES .....1  
NO.....2 (E14)

E11. How many times was painting done during this time period?

\_\_\_\_\_  
#TIMES

E12. Which rooms in the house were painted during this time period? (READ LIST)

	YES	NO	ROOM NOT IN HOUSE
a. (SUBJECT'S) bedroom?.....	1	2	6
b. Other bedrooms? .....	1	2	6
c. Living room?.....	1	2	6
d. Kitchen? .....	1	2	6
e. Dining room? .....	1	2	6
f. Family room or recreation room? .....	1	2	6
g. Bathroom? .....	1	2	6
h. Finished basement? .....	1	2	6
i. Any other room? (SPECIFY) _____	1	2	6

E13. During this time period, while the painting was being done, did (SUBJECT) spend the night at home or did (SUBJECT) stay somewhere else overnight?

HOME .....1  
ELSEWHERE .....2

E14. During your pregnancy with (SUBJECT) and during the 3 months just prior to when you became pregnant, did you usually pump your own gas?

YES .....1  
NO.....2 (E16)

E15. How often did you usually pump your own gas?

\_\_\_\_\_ PER DAY ..... 1  
# TIMES WEEK..... 2  
MONTH..... 3  
YEAR..... 4

E16. In the year before you became pregnant with (SUBJECT), from (\_\_\_\_/\_\_\_\_) to (\_\_\_\_/\_\_\_\_), did (SUBJECT'S) father usually pump his own gas? MO YR MO YR

YES .....1  
NO.....2 (NEXT SECTION)

E17. How often did he usually pump your own gas?

\_\_\_\_\_ PER DAY ..... 1  
# TIMES WEEK..... 2  
MONTH..... 3  
YEAR..... 4